



BUREAU OF AUTOMOTIVE REPAIR

LICENSING UNIT

P.O. BOX 989001

WEST SACRAMENTO, CA 95798-9001



MCI

Smog Check Station

ELECTRONIC TRANSMISSION SERVICE ENROLLMENT FORM

INSTRUCTIONS:

1. Submit completed form to the Licensing Division at the above address.
2. The monthly invoice for all charges incurred will be sent to the billing contact at the billing address listed below.
3. If you have any questions, call MCI at 1(800)731-SMOG.
4. IF ANY INFORMATION IS OMITTED, THIS FORM WILL BE RETURNED TO YOU FOR COMPLETION.

For Department Use Only

Old Station License # _____

New Station License # _____

ARD # _____

Please type or print legibly

Station Name: <small>As listed on Automotive Repair Dealer Registration</small>			
Business Address: <small>Number and Street</small> <small>City</small> <small>State</small> <small>Zip Code</small>			
Business Area Code and Telephone Number: ()		Business Area Code and Fax Number: ()	
Billing Contact Area Code and Telephone Number: ()		Billing Contact Area Code and Fax Number: ()	
Billing Contact Name: <small>First</small> <small>Middle</small> <small>Last</small>			
Billing Address: <small>Number and Street</small> <small>City</small> <small>State</small> <small>Zip Code</small>			
List the name and license number for ALL Smog Check Technicians employed at the station: <i>Attach additional sheet if necessary</i>			
Smog Check Technician Name: <small>First</small> <small>Middle</small> <small>Last</small>			License Number:
Smog Check Technician Name: <small>First</small> <small>Middle</small> <small>Last</small>			License Number:
Smog Check Technician Name: <small>First</small> <small>Middle</small> <small>Last</small>			License Number:
List the BAR 90 TAS/BAR 97 EIS unit number and dedicated telephone number for ALL units at the station: <i>Attach additional sheet if necessary</i>			
BAR 90 TAS/BAR 97 EIS Unit Number:		Dedicated Telephone Number: ()	
BAR 90 TAS/BAR 97 EIS Unit Number:		Dedicated Telephone Number: ()	
BAR 90 TAS/BAR 97 EIS Unit Number:		Dedicated Telephone Number: ()	
<p>I have reviewed this form and believe all information is true and correct. By submitting this signed form, I understand that we are responsible to pay, in a timely manner, all authorized costs incurred for Electronic Transmission Services in accordance with MCI's "Terms and Conditions."</p> <p>Authorized Signature _____ Date _____</p> <p>Name _____ Title _____</p>			